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Form 990-EZ

## Short Form

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

- Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form
- The organization may have to use a copy of this return to satisfy state reporting requirements.

2008

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 07-01-2008

, and ending 06-30-2009

B Check if applicable

Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

Please use IRS label or print or type.  
See Specific Instructions.

C Name of organization ROTARY CLUB OF HOUma INC	D Employer identification number 72-6035313
Number and street (or P O box, if mail is not delivered to street address) PO BOX 811	E Telephone number (985) 857-3655
City or town, state or country, and ZIP + 4 HOUma, LA 70361	F Group Exemption Number ► 0573

► Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I Website: ► www.houmarotary.org

J Organization type (check only one) —  501(c) (4) (insert no)  4947(a)(1) or  527

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ 92,450

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I )

1	Contributions, gifts, grants, and similar amounts received	1	31,650
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	60,622
4	Investment income	4	178
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	0
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ►	6c	0
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	0
b	Less direct expenses other than fundraising expenses	6b	0
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	0
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
8	Other revenue (describe ►)	8	
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ►	9	92,450
10	Grants and similar amounts paid (attach schedule) ►	10	40,154
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	850
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe ►)	16	50,120
17	<b>Total expenses</b> (add lines 10 through 16) ►	17	91,124
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,326
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	41,041
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year (combine lines 18 through 20) ►	21	42,367

## Part II Balance Sheets—If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II )		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	40,842	22
23	Land and buildings		23
24	Other assets (describe ►)	1,849	24
25	<b>Total assets</b>	42,691	25
26	<b>Total liabilities</b> (describe ►)	1,650	26
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	41,041	27
			42,367

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )				<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others )
What is the organization's primary exempt purpose? <b>COMMUNITY ORGANIZATION</b>				
Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title				
<b>28</b> LOCAL, REGIONAL AND INTERNATIONAL ROTARY SPONSORED PROGRAMS AND PROJECTS, INCLUDING HURRICANE AND DISASTER RELIEF, AND ROTARY FOUNDATION (Grants \$ 44,038)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		<b>28a</b>	
<b>29</b> MEETINGS TO DISCUSS VARIOUS COMMUNITY ISSUES, AND LOCAL, NATIONAL AND INTERNATIONAL SUPPORT TO CARRY OUT THE PURPOSE OF ROTARY INTERNATIONAL (Grants \$ 47,086)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		<b>29a</b>	
<b>30</b>  (Grants \$ )	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		<b>30a</b>	
<b>31</b> Other program services (attach schedule) (Grants \$ )	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		<b>31a</b>	
<b>32</b> <b>Total program service expenses</b> (add lines 28a through 31a)			<b>32</b>	91,124
<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated (See the instructions for Part IV )				
<b>(a)</b> Name and address	<b>(b)</b> Title and average hours per week devoted to position	<b>(c)</b> Compensation <b>(If not paid, enter -0-.)</b>	<b>(d)</b> Contributions to employee benefit plans & deferred compensation	<b>(e)</b> Expense account and other allowances
See Additional Data Table				

<b>Part V Other Information</b> (Note the statement requirements in the instructions for Part VI.)			<b>Yes</b>	<b>No</b>
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>33</b>		No	
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	<b>34</b>		No	
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T	<b>35a</b>		No	
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	<b>35b</b>			
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	<b>36</b>		No	
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ► <b>37a</b>	<b>37b</b>		No	
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	<b>38a</b>			
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	<b>38b</b>			
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved	<b>39a</b>	0		
<b>39</b> <i>501(c)(7) organizations.</i> Enter	<b>39b</b>	0		
<b>a</b> Initiation fees and capital contributions included on line 9				
<b>b</b> Gross receipts, included on line 9, for public use of club facilities				
<b>40a</b> <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____	<b>40b</b>		No	
<b>b</b> <i>Section 501(c)(3) and (4) organizations.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I.				
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____				
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization ► _____				
<b>e</b> <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	<b>40e</b>		No	
<b>41</b> List the states with which a copy of this return is filed ► _____				
<b>42a</b> The books are in care of ► <u>BRENDA FAUCHEUX</u> Telephone no ► (985) 857-3655 C/O ORGANIZATION Located at ► <u>PO BOX HOUma, LA</u> ZIP + 4 ► <u>70360</u>	<b>42b</b>			
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>42c</b>		No	
If "Yes," enter the name of the foreign country ► _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>				
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U S ?	<b>43</b>			
If "Yes," enter the name of the foreign country ► _____				
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here ► <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► <b>43</b>				
<b>44</b> Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	<b>44</b>		No	
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	<b>45</b>		No	

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>46</b>	
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>47</b>	
<b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	
<b>b</b> If "Yes," was the related organization(s) a section 527 organization?	<b>49b</b>	

**50** Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are none, enter "None."

<b>(a)</b> Name and address of each employee paid more than \$100,000	<b>(b)</b> Title and average hours per week devoted to position	<b>(c)</b> Compensation	<b>(d)</b> Contributions to employee benefit plans & deferred compensation	<b>(e)</b> Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 ►				

**51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None."

<b>(a)</b> Name and address of each independent contractor paid more than \$100,000	<b>(b)</b> Type of service	<b>(c)</b> Compensation
NONE		
Total number of other independent contractors receiving over \$100,000 ►		

<b>Please Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
	***** Signature of officer <u>YOLANDA TRAHAN President Elect</u> Type or print name and title	2010-03-03 Date	
<b>Paid Preparer's Use Only</b>	Preparer's signature Thomas J Linaux CPA	Date	Check if self-employed <input checked="" type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 Linaux & Felger CPAs APC PO Box 3695 Houma, LA 703613695	Preparer's PTIN (See Gen Inst X) EIN <input checked="" type="checkbox"/> Phone no <input checked="" type="checkbox"/> (985) 851-0883	

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ►  Yes  No

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 72-6035313  
**Name:** ROTARY CLUB OF HOUma INC

### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SYBIL WEBB IN CARE OF ORGANIZATION PO BOX HOUma, LA 70361	Treasurer 2 00	0		
MARK LEE IN CARE OF ORGANIZATION PO BOX HOUma, LA 70361	Secretary 2 00	0		
LJ FOLSE IN CARE OF ORGANIZATION PO BOX HOUma, LA 70361	Vice President 2 00	0		
YOLANDA TRAHAN IN CARE OF ORGANIZATION PO BOX HOUma, LA 70361	President Elect 2 00	0		
J THOMAS HASSELL IN CARE OF ORGANIZATION PO BOX HOUma, LA 70361	President 2 00	0		

## TY 2008 Grants and Similar Amounts Paid Schedule

**Name:** ROTARY CLUB OF HOUma INC**EIN:** 72-6035313**Software ID:** 08000091**Software Version:** 2008v2.7

<b>Item No.</b>	1
<b>Class of Activity</b>	
<b>Donee's Name</b>	LOCAL & DISTRICT PROJECTS AND PROGRAMS
<b>Donee's Address</b>	VARIOUS HOUma, LA 70360
<b>Amount (FMV)</b>	10,698
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	2
<b>Class of Activity</b>	ROTARY FOUNDATION
<b>Donee's Name</b>	DIST 6200 ROTARY FOUNDATION
<b>Donee's Address</b>	2266 S COLLEGE ROAD EXT LAFAYETTE, LA 70508
<b>Amount (FMV)</b>	20,615
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	NONE
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	3
<b>Class of Activity</b>	AID TO NEEDY
<b>Donee's Name</b>	UNITED WAY
<b>Donee's Address</b>	VARIOUS HOUma, LA 70360
<b>Amount (FMV)</b>	1,000
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	NONE
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

## TY 2008 Other Assets Schedule

**Name:** ROTARY CLUB OF HOUMA INC**EIN:** 72-6035313**Software ID:** 08000091**Software Version:** 2008v2.7

<b>Description</b>	<b>Beginning of Year Amount</b>	<b>End of Year Amount</b>
PLEDGES RECEIVABLE	1,849	

## TY 2008 Other Expenses Schedule

**Name:** ROTARY CLUB OF HOUMA INC

**EIN:** 72-6035313

**Software ID:** 08000091

**Software Version:** 2008v2.7

Description	Amount
Office Expenses	2,845
Conferences, Conventions, and Meetings	47,086

## TY 2008 Other Liabilities Schedule

**Name:** ROTARY CLUB OF HOUMA INC**EIN:** 72-6035313**Software ID:** 08000091**Software Version:** 2008v2.7

<b>Description</b>	<b>Beginning of Year Amount</b>	<b>End of Year Amount</b>
PAUL HARRIS FOUNDATION CLEARING	1,650	1,525